

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>101691465</u>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1		1				51	
2							52	
3		2		2			53	
4							54	
5							55	
6		1					56	
7		1		2			57	
8		1		2			58	
9		2					59	
10		2					60	
11		2					61	
12		2					62	
13		2					63	
14		2					64	
15		2					65	
16		2					66	
17		2					67	
18		2					68	
19		2					69	
20		2					70	
21		3		3			71	
22		3					72	
23		3					73	
24		3					74	
25		3					75	
26		3					76	
27		3					77	
28		3					78	
29		3					79	
30		3					80	
31		3					81	
32		3					82	
33		3					83	
34		3					84	
35		3					85	
36		3					86	
37		3					87	
38		3					88	
39		3					89	
40		3					90	
41		3					91	
42	1		1				92	
43	1		1				93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	4		11				TOTAL IND.	
TOTAL DEP.	43		72				TOTAL DEP.	
TOTAL CLAIMS	47		83				TOTAL CLAIMS	